

<b>STATEMENT OF ACCESSORIAL SERVICES PERFORMED</b>										<i>Form Approved</i> <b>OMB No. 0704-0022</b> <i>Expires Oct 31, 2001</i>																																																																																																																																	
This form is required only when accessorial services are chargeable to the Government. Carrier will enter complete information or "None" in columns. "Unit Price" and "Charge" columns may be omitted when charges are itemized on the Standard Form 1113.																																																																																																																																											
The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0022), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. <b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.</b>																																																																																																																																											
1. GOVERNMENT BILL OF LADING NUMBER				2. DATE OF PICKUP AT ORIGIN (YYYYMMDD)				16. ACCESSORIAL SERVICES																																																																																																																																			
3.a. NAME OF OWNER (Last, First, Middle Initial)				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">PACKING, PACK MATERIALS AND UNPACKING (1)</th> <th style="width: 10%;">NUMBER (2)</th> <th style="width: 15%;">UNIT PRICE (3)</th> <th style="width: 15%;">CHARGE (4)</th> </tr> </thead> <tbody> <tr><td>a. DISH PACK</td><td></td><td></td><td></td></tr> <tr><td>b. CARTONS (Less than 3 cubic feet)</td><td></td><td></td><td></td></tr> <tr><td>c. CARTONS (3 cubic feet)</td><td></td><td></td><td></td></tr> <tr><td>d. CARTONS (4-1/2 cubic feet)</td><td></td><td></td><td></td></tr> <tr><td>e. CARTONS (8 cubic feet)</td><td></td><td></td><td></td></tr> <tr><td>f. CARTONS (8-1/2 cubic feet)</td><td></td><td></td><td></td></tr> <tr><td>g. WARDROBE (Not less than 10 cubic feet)</td><td></td><td></td><td></td></tr> <tr><td>h. MATTRESS, CRIB</td><td></td><td></td><td></td></tr> <tr><td>i. MATTRESS (Not exceeding 39" x 75")</td><td></td><td></td><td></td></tr> <tr><td>j. MATTRESS (Not exceeding 54" x 75")</td><td></td><td></td><td></td></tr> <tr><td>k. MATTRESS (39" x 80")</td><td></td><td></td><td></td></tr> <tr><td>l. MATTRESS (Exceeding 54" x 75")</td><td></td><td></td><td></td></tr> <tr><td>m. TOTAL</td><td></td><td></td><td></td></tr> <tr><td>n. TOTAL SUBJECT MAX-PAK \$ /cwt</td><td></td><td></td><td></td></tr> <tr><td>o. GRANDFATHER CLOCK CARTONS</td><td></td><td></td><td></td></tr> <tr><td>p. CORRUGATED CONTAINERS (Special constr.)</td><td></td><td></td><td></td></tr> <tr><td>q. BOXES - WOODEN/CRATES (Not over 5 cu.ft.)</td><td></td><td></td><td></td></tr> <tr><td>r. BOXES (Over 5 cu.ft./not over 8 cu.ft.)</td><td></td><td></td><td></td></tr> <tr><td>s. BOXES (Over 8 cu.ft.) (Gross cu.ft.: )</td><td></td><td></td><td></td></tr> <tr><td>t. CRATES (Cubic feet: ) (Minimum charge: )</td><td></td><td></td><td></td></tr> <tr><td>u. CARTONS, DOUBLE WALL (PPP-B-1364) &amp; TRIPLE WALL (PPP-B-640) (Not over 4 cu.ft.)</td><td></td><td></td><td></td></tr> <tr><td>v. CARTONS (Over 4 cu.ft./less than 7 cu.ft.)</td><td></td><td></td><td></td></tr> <tr><td>w. CARTONS (7 cu.ft./less than 15 cu.ft.)</td><td></td><td></td><td></td></tr> <tr><td>x. TOTAL PACKING CHARGE</td><td></td><td></td><td></td></tr> <tr><td>y. LABOR (Describe service in "Remarks") (Enter number of man-hours)</td><td></td><td></td><td></td></tr> <tr> <td>z. (X as applicable)</td> <td colspan="2">EXTRA DELIVERY</td> <td></td> </tr> <tr> <td>EXTRA PICKUP</td> <td colspan="2">AUXILIARY SERVICES</td> <td></td> </tr> <tr><td>aa. PIANO/ORGAN CARRY SERVICE</td><td></td><td></td><td></td></tr> <tr><td>bb. ELEVATOR/STAIR/EXCESS DISTANCE CHARGE</td><td></td><td></td><td></td></tr> <tr><td>cc. SERVICING APPLIANCES/OTHER ARTICLES (As itemized and initialed in Item 15)</td><td></td><td></td><td></td></tr> <tr><td>dd. OTHER (Describe in "Remarks")</td><td></td><td></td><td></td></tr> <tr><td>ee. TOTAL ACCESSORIAL SERVICE CHARGES</td><td></td><td></td><td></td></tr> </tbody> </table>				PACKING, PACK MATERIALS AND UNPACKING (1)	NUMBER (2)	UNIT PRICE (3)	CHARGE (4)	a. DISH PACK				b. CARTONS (Less than 3 cubic feet)				c. CARTONS (3 cubic feet)				d. CARTONS (4-1/2 cubic feet)				e. CARTONS (8 cubic feet)				f. CARTONS (8-1/2 cubic feet)				g. WARDROBE (Not less than 10 cubic feet)				h. MATTRESS, CRIB				i. MATTRESS (Not exceeding 39" x 75")				j. MATTRESS (Not exceeding 54" x 75")				k. MATTRESS (39" x 80")				l. MATTRESS (Exceeding 54" x 75")				m. TOTAL				n. TOTAL SUBJECT MAX-PAK \$ /cwt				o. GRANDFATHER CLOCK CARTONS				p. CORRUGATED CONTAINERS (Special constr.)				q. BOXES - WOODEN/CRATES (Not over 5 cu.ft.)				r. BOXES (Over 5 cu.ft./not over 8 cu.ft.)				s. BOXES (Over 8 cu.ft.) (Gross cu.ft.: )				t. CRATES (Cubic feet: ) (Minimum charge: )				u. CARTONS, DOUBLE WALL (PPP-B-1364) & TRIPLE WALL (PPP-B-640) (Not over 4 cu.ft.)				v. CARTONS (Over 4 cu.ft./less than 7 cu.ft.)				w. CARTONS (7 cu.ft./less than 15 cu.ft.)				x. TOTAL PACKING CHARGE				y. LABOR (Describe service in "Remarks") (Enter number of man-hours)				z. (X as applicable)	EXTRA DELIVERY			EXTRA PICKUP	AUXILIARY SERVICES			aa. PIANO/ORGAN CARRY SERVICE				bb. ELEVATOR/STAIR/EXCESS DISTANCE CHARGE				cc. SERVICING APPLIANCES/OTHER ARTICLES (As itemized and initialed in Item 15)				dd. OTHER (Describe in "Remarks")				ee. TOTAL ACCESSORIAL SERVICE CHARGES			
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4. ORIGIN OF SHIPMENT				5. DESTINATION OF SHIPMENT																																																																																																																																							
6.a. ORDERING ACTIVITY/INSTALLATION NAME				b. LOCATION																																																																																																																																							
7.a. NAME OF CARRIER				b. NAME OF AGENT (Last, First, Middle Initial)																																																																																																																																							
8. SIGNATURE OF CARRIER'S REPRESENTATIVE				9. DATE (YYYYMMDD)																																																																																																																																							
10. CARRIER'S SHIPMENT REFERENCE NO.				11. AGENT OR DRIVER CODE																																																																																																																																							
12. PROFESSIONAL BOOKS, PAPERS AND EQUIPMENT (PBP&E) INCLUDED IN SHIPMENT (If not included, write "None".)				LBS.																																																																																																																																							
13. STORAGE-IN-TRANSIT (SIT)																																																																																																																																											
a. STORED AT (1) CITY		(2) STATE		b. SIT SERVICES PROVIDED AT (X one)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">ORIGIN</td> <td style="width: 25%;">DESTINATION</td> <td style="width: 25%;">OTHER</td> </tr> </table>						ORIGIN	DESTINATION	OTHER																																																																																																																													
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c. IN		d. ORDERED OUT		e. DELIVERED OUT																																																																																																																																							
h. REQUESTED DELIVERY DATE (YYYYMMDD)		i. SHIPMENT ORDERED INTO AND OUT OF SIT ON DATES INDICATED AND AUTHORIZED BY SIT CONTROL NO.																																																																																																																																									
j. WAS STORAGE POINT FOR CARRIER'S CONVENIENCE (X one)				YES				NO																																																																																																																																			
14. REWEIGH CERTIFICATION (If applicable)				a. NUMBER																																																																																																																																							
b. ORIGINAL GROSS				c. REWEIGH GROSS																																																																																																																																							
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17. REMARKS																																																																																																																																											
18. STATEMENT OF OWNER, MILITARY INSPECTOR/TRANSPORTATION OFFICER																																																																																																																																											
a. MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED						b. SIGNATURE (Do not sign until Carrier has completed column 16(2).)			c. DATE SIGNED (YYYYMMDD)																																																																																																																																		
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19. TRANSPORTATION OFFICER CERTIFICATION. I CERTIFY THAT SHIPMENT SERVICES WERE ACCOMPLISHED AS SHOWN BELOW.																																																																																																																																											
a. SERVICES ACCOMPLISHED (X as applicable)			(3) REWEIGH CERTIFICATION			(6) WAITING TIME			(9) OTHER (Specify)																																																																																																																																		
<input type="checkbox"/> (1) ACCESSORIAL SERVICES (Listed in Item 16)			<input type="checkbox"/> (4) THIRD PARTY SERVICES			<input type="checkbox"/> (7) UNPACKING SERVICE (Baggage only)																																																																																																																																					
<input type="checkbox"/> (2) STORAGE-IN-TRANSIT			<input type="checkbox"/> (5) BULKY ARTICLE CHARGE			<input type="checkbox"/> (8) OVERTIME LOADING/UNLOADING CHARGE																																																																																																																																					
b. SIGNATURE OF TRANSPORTATION OFFICER						c. TITLE (Print or type)			d. DATE SIGNED (YYYYMMDD)																																																																																																																																		